

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **METHOD FOR IDENTIFYING INHIBITORS OF RNA VIRUSES**

the specification of which (check one(s) applicable)

☐ was filed _____ as U.S. Application No. _____
☐ and was amended by Amendment filed _____ (if applicable); (or);

☒ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.55(a)].

CLAIM UNDER 35 USC §119(a): I hereby claim the benefit under 35 USC §119(a) of any United States provisional applications listed below:

Provisional Application No.

60/010,474

Filing Date
Day/Mo/Year
23/ 01/ 96

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643, and Henry H. Skillman, Reg. No. 17,352.

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.

1601 Market Street
Suite 720
Philadelphia, Pennsylvania 19103-2307

Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name MARC S. COLLETT
First Middle Last

Signature [Signature]

Date July 11, 1996

Residence Collegeville Pennsylvania
City State or Country

Citizenship UNITED STATES OF AMERICA

Post Office Address:

113 Juniper Court

Collegeville Pennsylvania 19428
City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name DANIEL C. PEVEAR
First Middle Last

Signature [Signature]

Date July 11, 1996

Residence Harleysville Pennsylvania
City State or Country

Citizenship UNITED STATES OF AMERICA

Post Office Address:

256 Morris Road

Harleysville Pennsylvania 19438
City State or Country Zip Code

Inventors: MARC S. COLLETT et al.
For: METHOD FOR IDENTIFYING INHIBITORS OF RNA VIRUSES
Page 2 of: Declaration, Power of Attorney and Power to Inspect

THIRD JOINT INVENTOR (IF ANY)

Full Name JAMES M. GROARKE
First Middle Last
Signature *James M. Groarke*
Date July 11, 1996
Residence Phoenixville Pennsylvania
City State or Country
Citizenship UNITED STATES OF AMERICA
Post Office Address:
112 Scarlet Oak Drive
Phoenixville Pennsylvania 19480
City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name DOROTHY C. YOUNG
First Middle Last
Signature *Dorothy C. Young*
Date 7-11-96
Residence Collegeville Pennsylvania
City State or Country
Citizenship UNITED STATES OF AMERICA
Post Office Address:
5 Ironwood Drive
Collegeville Pennsylvania 19426
City State or Country Zip Code

10010860-12001